

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER		15	4-19-00
FORMALITY REVIEW	DMIL	691169	6-19-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	1	1	5/19/00
2	2	2	5/19/00
3	3	3	5/19/00
4	4	4	5/19/00
5	5	5	5/19/00
6	6	6	5/19/00
7	7	7	5/19/00
8	8	8	5/19/00
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50	50	50	5/19/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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149	149	149	
150	150	150	

Available Copy

If more than 150 claims or 10 actions  
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